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August 10, 2004

ATTN: EXR. LaCOURCIERE

GROUP: 1635

FAX NUMBER: 1-703-872-9306

ATTORNEY DOCKET NO.: RTS-0335

SERIAL NO.: 10/006,972

FILED: December 4, 2001

NUMBER OF PAGES: 17
(including this sheet)

MESSAGE: Attached is an Amendment Transmittal Letter (in duplicate);
Amendment in Response to Office Action dated December 22, 2003 and
Facsimile Transmission Receipt showing the response was filed on
March 16, 2004 at 12:43 p.m. to 1-703-872.9306.

Please let us know if you need any other information.

URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!

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If you have any questions, or did not receive the proper number of pages, or had trouble
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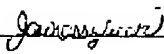
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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. RTS-0335	
Applicant(s): Kenneth W. Dobie					
Serial No. 10/006,972	Filing Date December 4, 2001	Examiner Janet L. Epps Ford		Group Art Unit 1635	
Invention: ANTISENSE MODULATION OF PHOSPHOLIPID SCRAMBLASE 3 EXPRESSION					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
_____ <i>Signature</i>			Dated: March 16, 2004		
Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454			<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> _____ <i>Signature of Person Mailing Correspondence</i> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> _____ <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>		
CC:					

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TOTAL CLAIMS	17 -	20 =	0 x	\$18.00	\$0.00						
INDEP. CLAIMS	1 -	3 =	0 x	\$85.00	\$0.00						
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00						
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.											
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Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</td> </tr> <tr> <td colspan="2" style="height: 40px;">Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="height: 40px;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		Signature of Person Mailing Correspondence		Typed or Printed Name of Person Mailing Correspondence	
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Kenneth W. Dobie			RTS-0335
Serial No. 10/006,972	Filing Date December 4, 2001	Examiner Janet L. Epps Ford	Group Art Unit 1635

Invention: ANTISENSE MODULATION OF PHOSPHOLIPID SCRAMBLASE 3 EXPRESSION

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: RTS-0335
Inventors: Kenneth W. Dobie
Serial No.: 10/006,972
Filing Date: December 4, 2001
Examiner: Janet L. Epps Ford
Group Art Unit: 1635
Title: Antisense Modulation of Phospholipid
Scramblase 3 Expression

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On March 16, 2004

Jane Massey Licata
Jane Massey Licata Registration No. 32,257

Commissioner for Patents
Washington, DC 20231

Reply Under 37 C.F.R. § 1.111

This is a reply to the Office Action mailed December 22,
2003 setting a three (3) month statutory period for response.
Please enter the following amendments and remarks into the
record.

Amendments to the claims are reflected in the listing of
claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.